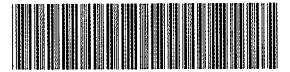
L21000023751

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer					

Office Use Only



900360434889

07/18/21--01019--001 **25.00

7/1/12/12/

FEB 1-9 2021 I ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Viva 5, LLC			
			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	 		Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
Name		Time	UCC 11 Search
Nathe	Date	THUC	UCC Retrieval
Walk-In	Will Pick U	lp	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viva 5, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 25, 2021 and assigned Florida document number L21000023751

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NATHAN WARD	525 S. Flagler Drive, Suite 201 West Palm Beach, FL 33401	_ Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
		Remove	
		Change	
			Add
			□ Remove
			Change
			Remove
			☐ Change
		□ Remove	
			☐ Change

·			
			
 .			
			· · · · · · · · · · · · · · · · · · ·
			
			
			<u>.</u> .

E. Effective date, if other than the discontinuous (If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	be specific and cannot be prior to ck does not meet the applical	o date of filing or more than 90 day ble statutory filing requiremen	(optional) is after filing.) Pursuant to 605.0207 (3)(t is, this date will not be listed as the
f the record specifies a delayed b) The 90th day after the reco	effective date, but not rd is filed.	an effective time, at 12	:01 a.m. on the earlier of:
Dated	. 2021	_·	
<u>Brian Baer</u>	Signature of a member or author	rized representative of a member	
BRIAN BAER		,	
	Typed or printed	I name of signee	

Page 3 of 3

Filing Fee: \$25.00